UPSTATE MOBILITY IMPAIRED DEER HUNTS APPLICATION - 2023 PIEDMONT PRIVATE AREAS

CHEROKEE, SPARTANBURG, & UNION COS. / LAURENS, & NEWBERRY COS.

These special hunts are for severely mobility impaired individuals only. The eligibility requirements are very specific and include those who are permanently confined to a wheelchair, permanently require some type of mechanical aid such as a walker, braces, cane, etc. to assist them in walking, or have had a single or double leg amputation. If you do not fully meet one of these three criteria, please do not apply. Applicants may apply for one or both hunt dates. Hunt sites are assigned by random selection. Answer all questions completely and legibly. Remember to COMPLETE AND SIGN LIABILITY WAIVER and return with application.

Name		Telephone No		Email				
Address	City, State, Zip							
Describe Mobility Impairn	nent in Detail							
Are You a Veteran? Y	es No	Is Mobility I	mpairment Milita	nry Service Related? _	Yes	 _ No		
Check Each That Applies	o Your Physic	cal Capabilitio	es and Mobility In	npairment:				
Permanent Confine	nent to Whee	lchair - How I	Long?					
Permanent Use of M	lechanical Aid	l to Assist in V	Valking - List Typ	pe of Aid (s)				
How Long Has Thi	s Aid Been Ut	ilized On a Fu	ll-Time (Perman	ent) Basis?				
Amputee (Check):	Right Leg	_ Left Leg	Both Legs	Utilize Prosthesis?	Yes	_ No		
List Any Special Needs for	Assistance (H	leavy Power V	Vheelchairs and e	tc.)				
Do You Have a SC Disabil	ity License? _	YesNo	Hunting Lice	ense Waiver Needed?	Yes	_ No		
Overnight Lodging Needed Overnight lodging is not gua unless contacted by their hos	ranteed by ind	icating yes. H	0 0	meone to Assist You? _ me responsibility for the				
Indicate First and Second	Preference of	Hunt Dates aı	nd Counties					
Oct. 27-28 in Cher	okee, Spartan	burg & Union	CosNov	v. 3-4 in Laurens & Ne	wberry C	os.		
Applications are available COMPETE AND RETUR								

RETURN TO: SCDNR-MOBILITY IMPAIRED DEER HUNTS 124 WILDLIFE DRIVE UNION, S.C. 29379 OR FAX (864) 427-8460

must be received at the Union DNR office by 5:00 pm, Tuesday, September 6, 2023.

LIABILITY WAIVER FORM

I understand that there are risks and dangers inherent in participating in hunting activities. I also understand that in order to be allowed to participate, I must give up my rights to hold liable the State of South Carolina and its agency the South Carolina Department of Natural Resources and all cooperating hosts, sponsors and landowners who accommodate special DNR hunts for any injury or damage which I may suffer while participating in a Department of Natural Resources draw hunt.

Knowing this, and in consideration of being permitted to participate, I hereby voluntarily release the State of South Carolina and its agency the South Carolina Department of Natural Resources and cooperating hosts, sponsors and landowners from any liability resulting from or arising out of my participation in the draw hunt.

I understand and agree that I am releasing not only the entities set forth in the two paragraphs above, but also the officers, agents, and employees of those entities.

I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation. This release constitutes a complete release, discharge, and waiver of any and all actions or causes of action against the State of South Carolina and its agency the South Carolina Department of Natural Resources, and its officers, agents, or employees and cooperating hosts, sponsors and landowners.

I understand and agree that this release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in the draw hunt.

I understand that and agree that this release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and guardian ad litem for said children.

I understand and agree that by signing this release, I am to release, indemnify and hold the State of South Carolina and its agency the South Carolina Department of Natural Resources, and its officers, agents, or employees and cooperating hosts, sponsors and landowners harmless from any and all liability or costs, including attorney fees, associated with or arising from my participation in the draw hunt.

Applicant Signature:		Date:	
Address:			
City:	State:	Zip Code:	
Emergency Contact:		Telephone:	
Parent or Guardian Signature:		Date:	
		er the age of 18)	